REMARKS

Claims 18, 20, 23-26 and 31-35 are pending in this application. By this Amendment, claims 18 and 20 are amended and new claims 32-35 are added. No new matter is added by the amendments. No new matter is added.

Applicants thank the Examiner for the courtesies extended to Applicants' representatives during a May 29 personal interview during which the outstanding rejections of record were discussed. Applicants' separate record of the substance of the interview is contained in the remarks below.

SECTION 112, FIRST PARAGRAPH, REJECTIONS

The Office Action rejects claims 20, 25, 26 and 31 under 35 U.S.C. 112, first paragraph, as assertedly containing subject matter not sufficiently described in the specification. Applicants believe that this rejection is overcome with the above amendments to the claims. Reconsideration and withdrawal of the rejection of claims 20, 25, 26 and 31 under 35 U.S.C. 112, first paragraph, are respectfully requested.

The Office Action also rejects claims 18, 23 and 24 under 35 U.S.C. 112, first paragraph, as assertedly containing subject matter not sufficiently described in the specification. The objectionable term "pain" has been removed from the claims, rendering this rejection moot. Reconsideration and withdrawal of the rejection of claims 18, 23 and 24 under 35 U.S.C. 112, first paragraph, are respectfully requested.

SECTION 102/103 REJECTIONS

The Office Action rejects claims 18, 20 and 23-26 under 35 U.S.C. 102(b) as being anticipated by, or in the alternative, under 35 U.S.C. 103(a) as being obvious over Toshihide et al. or Pettersson et al. Applicant traverses these rejections as they may apply to the amended claims.

Neither of the cited references teaches the identification of a patient suffering from morning stiffness, loss of grip strength, painful joints, or swollen joints or a patient in need of amelioration of erythrocyte sedimentation rate or C-reactive protein level. Thus since at least one required step is missing from each cited reference, neither cited reference anticipates nor would have rendered obvious the presently claimed invention.

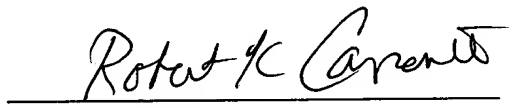
For at least the above reasons, reconsideration and withdrawal of the rejection of claims 18-20 and 23-26 under 35 U.S.C. 102(b) or under 35 U.S.C. 103(a) are respectfully requested.

CONCLUSION

The above amendments are believed to place the application in proper condition for continued examination. Favorable action is awaited.

Please charge any fee deficiency or credit any overpayment to Deposit Account No. 01-2300.

Respectfully submitted,



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MARKED-UP AMENDMENTS TO CLAIMS

18. (Five Times Amended) A method of treating morning stiffness, loss of grip strength, painful joints, or swollen joints [a symptom associated with rheumatoid arthritis] in a patient suffering from morning stiffness, loss of grip strength, painful joints, or swollen joints [in need of such treatment], comprising identifying the patient suffering from morning stiffness, loss of grip strength, painful joints, or swollen joints and administering to the patient suffering from morning stiffness, loss of grip strength, painful joints, or swollen joints a [rheumatoid arthritis symptoms] morning stiffness, loss of grip strength, painful joints, or swollen joints treating effective amount of erythropoietin over a treatment period[, wherein said treatment period is 3 to 6 weeks, wherein said symptom is at least one symptom selected from the group consisting of morning stiffness pain, loss of grip strength, painful joints, and swollen joints].

20. (Five Times Amended) A method of ameliorating an erythrocyte sedimentation rate or C-reactive protein level [a disease activity of rheumatoid arthritis] in a patient in need of such amelioration, comprising identifying the patient in need of such amelioration and administering to the patient an erythrocyte sedimentation rate or C-reactive protein level [a rheumatoid arthritis disease] activity ameliorating effective amount of erythropoietin over a period[, wherein said period comprises 3 to 6 weeks of treatment, wherein said disease activity is an erythrocyte sedimentation rate or C-reactive protein level].